

215037570  
60409

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 191	Agency Case No. B5-085396	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		(In Military Time) TIME OF ACCIDENT 2053	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2055	09/15/2015	
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 84th/College Park - O St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		315.00		X		O St
V1/M 08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02119560		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	Cynthia G Hollister		PHONE	4028905088	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/09/1960	
G 4	OWNER	Cynthia G Hollister		PHONE	4028905088	
H 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB464068	
V1/O 1	LICENSE PLATE PA NO.	SPB396		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 1	VEHICLE	2013	Honda Civic	BODY STYLE	4 door Sedan	COLOR gray
I 1	VEHICLE ID NO. (VIN)	2HGFB2F50DH582283		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 350	
J 01	TOWED TO	TOWED BY		INSURANCE COMPANY	American Family	
K 01	TOWED TO	TOWED BY		POLICY NO.	1927-8121-01-70-FPPA-NE	
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	H13053680		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER	Kimberly K Nacke		PHONE	4025403485	
J 01	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/13/1981	
V1/Q 4	OWNER	Kimberly K Nacke / Jason J Nacke		PHONE	4025403485	
V2/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/R 4	LICENSE PLATE PA NO.	TWH414		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/R 4	VEHICLE	2010	Mercedes - Be E550	BODY STYLE	4 door Sedan	COLOR black
V1/S 01	VEHICLE ID NO. (VIN)	WDDHF7CB2AA067014		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500	
V2/S 01	TOWED TO	TOWED BY		INSURANCE COMPANY	State Farm	
V1/T 01	TOWED TO	TOWED BY		POLICY NO.	054 1925-E01-27B	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 1	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	Cynthia G Hollister	6001 Brair Rosa Dr, Lincoln, NE 68516		03/09/1960	01 1 06 4 1	F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-085396



Indicate  
North  
by Arrow

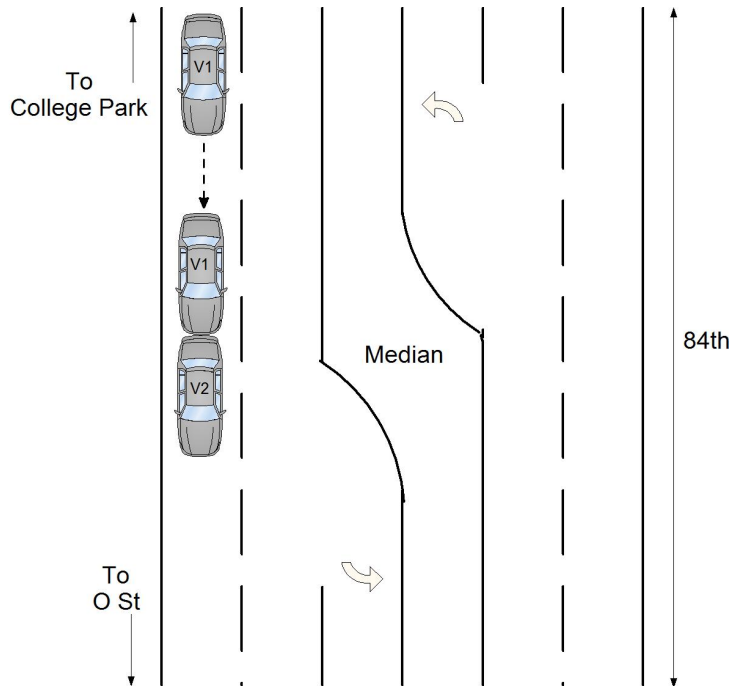


POI: 5'8" E of W curb of 84th  
315'7" N of N curb of O St

84th - 70'9"

No skid marks  
No debris  
Measurements are estimates

*Not To Scale*



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of V1 stated that she was traveling SB on 84th between College Park and O St in the outside curb lane when she saw V2 had stopped in front of V1. She said she applied her brakes, however, she was unable to avoid V1 colliding with V2. She said she was going 30 mph. Driver of V2 stated that she was stopped in traffic for a red traffic signal at O St facing SB on 84th between College Park and O St in the outside curb lane. She said she heard V1's tires squeal and V1 collided with the back of V2. Driver of V1 was cited and released.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				PHONE
	NAME ADDRESS PHONE				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			84th				-		-		VEH 1 1 VEH 2 2		
2		X			84th				4		2		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian		
1	01				06 Turning left				1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED Y N X N X N		
2	11				08 Entering traffic lane				2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL		
					09 Leaving traffic lane				3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED		
					10 Parked				4 Not deployed		4 Lap belt only used		1 Driver No. 1 1 Driver No. 2		
					11 Slowing or stopped in traffic				5 Not applicable/ No airbag available		5 Child safety seat used		1 Neither alcohol nor drugs suspected		
					12 Other				6 Unknown		6 Child booster seat used		2 Yes - alcohol suspected		
					00 None				VEHICLE 2		VEHICLE 2		3 Yes - drugs suspected		
					01				-		-		4 Yes - alcohol & drugs suspected		
					02				4		5		5 Unknown		
					03				-		-				
					04				4		2				
					05										
					06										
					07										
					08										

OFFICER NO. <b>1640</b>	TROOP/TEAM/BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Wendy Fisher</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>	DATE OF REPORT <b>09/15/2015</b>